

Fill in this Information to identify the case:

United States Bankruptcy Court for the Western District of Washington

Case Number:

17-14285-CMA

Debtor 1

STEPHEN A. MILLER

First Name

Middle Name

Last Name

Debtor 2

PATRICIA L. MILLER

First Name

Middle Name

Last Name

FILED
Western District of Washington
at Seattle

APR 14 2023

GINA ZADRA WALTON, CLERK
OF THE BANKRUPTCY COURT

Local Forms W.D. Wash. Bankr. Form 12 (12/1/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

\$ 2056.49

Claimant's Name:

DAVID B. SCHMIEDERBERG AS ASSIGNEE
TO STEVEN A. MILLER / PATRICIA L. MILLER

Claimant's Current Mailing
Address, Telephone Number:

7595 DANCY RD
SAN DIEGO, CA 92126
858.603.3598

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Western District of Washington
700 Stewart Street
Suite 5220
Seattle, WA 98101-1271

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 10 Apr 2023

David B. Schmiedeborg
Signature of Applicant

Printed Name of Applicant

DAVID B. SCHMIEDEBERG

Address:

7595 DANCY RD
SAN DIEGO, CA 92126

Telephone:

858-603-3598

Email:

lytmin88@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF California

COUNTY OF San Diego

This Application for Unclaimed Funds, dated

April 10, 2023 was subscribed and sworn to before

me this 10th day of April, 2023 by

David B. Schmiedeborg

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

Matilda Hernandez

My commission expires:

August 2, 2024

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated

_____ was subscribed and sworn to before

me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CALIFORNIA JURAT

State of California)

County of San Diego)

Subscribed and sworn to (or affirmed) before me on this 10th day

of April, 20 23, by David B. Schmiedebeg

proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.

Signature



(Seal)

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

Application for Payment of
Unclaimed Funds

containing 1 pages, and dated April 10, 2023

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
☒ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:
Page # 24 Entry # 5

Notary contact: Matilda Hernandez
Other Right F (858) 689-9151
☒ Affiant(s) Thumbprint(s) ☐ Describe: Right
Thumbprint

